

TRANSMITTAL FORM

Attorney Docket No.
SVL920030054US1/2865PIn re the application of: **Robbert C. VAN DER LINDEN et al.**Confirmation No: **3744**Serial No: **10/648,752**Group Art Unit: **2162**Filed: **August 25, 2003**Examiner: **Colan, Giovanna B.**For: **Method and System for Querying Structured Documents Stored in Their Native Format in a Database**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	33	30	3	\$ 50.00	\$150.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
Total Fees					\$ 150.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$150.00 to Deposit Account No. 09-0460 (IBM Corporation) for payment of claim fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	May 25, 2006

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Giovanna B. Colan via the USPTO EFS-Web on **May 25, 2006**

Type or printed name	Jinny Nguyen
Signature	